TAPE - REE(S) TRANSMITTAL							
. 1	his form, all other with	THE US	# # J	<u>Fax</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571) 273-2885	r Patents inia 22313-1450	
appropriate. All further correspondence including the Patent, and appropriate and included unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
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Scully Scott Murphy & Presser 400 Garden City Plaza Garden City, NY 11530					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
12/06/2005 WABDELR3 00000050 10069846					Paul /J. Esatto, Jr. (Depositor's name)		
01 FC:1501 1400.00 QP					(Signature)		
02 FC:8001 3.00 OP					December	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,846	05/30/2002	David Bruce Graye			en	15336	7366
TITLE OF INVENTION: IMPROVED SOUND PROCESSOR FOR COCHLEAR IMPLANTS							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	FEE PUF		IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$0	\$1400	12/23/2005
EXAM	ART UN	ART UNIT		ASS-SUBCLASS			
SCHAETZLI	3762	3762 607-057000					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer 2 registe.				or printing on the patent front page, list the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is d, no name will be printed. 1 Scully, Scott, 2 Murphy & Presser 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
The Bionic Ear Institute East Melbourne, Victoria, Australia							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fec(s) are enclosed: 4b. Payment of Fec(s): XI Issue Fec 4b. Payment of Fec(s): XI A check in the amount of the fec(s) is enclosed.							
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a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.							
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Authorized Signature					Date December 1, 2005		
Typed or printed name I	1	to, Jr.			Registration		
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